

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. /10/588341  
FILING DATE  
APPLICATION

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3		2					53						
4		3					54						
5		3					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10							60						
11		2					61						
12		2					62						
13		1					63						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		5		5			TOTAL IND.		5		5		
TOTAL DEP.		26		26			TOTAL DEP.		26		26		
TOTAL CLASSES		31		31			TOTAL CLASSES		31		31		